DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS NEW JERSEY STATE HEALTH BENEFITS PROGRAM STATE BIWEEKLY ACTIVE GROUP BIWEEKLY RATES EFFECTIVE 12/28/13 TO 12/26/2014

DESCRIPTION	PLAN/COVERAGE	
AETNA FREEDOM15 #180(1) Single \$291.87	DESCRIPTION	TOTAL
Single	MEDICAL PLANS AVAILABLE WITH PRESCRIPTI	ON DRUG PROGRAM #203
Single	AETNA FREEDOM15 #180(1)	
Member & Spouse/Partner \$383.74 Family \$755.95 Parent & Child \$464.08 NJ DIRECT15 #150(1) \$288.98 Single \$288.98 Member & Spouse/Partner \$577.96 Family \$459.48 Parent & Child \$459.48 AETNA HMO #005(1) \$288.73 Single \$288.73 Member & Spouse/Partner \$747.81 Family \$747.81 Parent & Child \$459.08 HORIZON HMO #0011(1) \$150.08 Single \$285.84 Member & Spouse/Partner \$571.68 Family \$740.32 Parent & Child \$454.48 PRESCRIPTION DRUG PROGRAM #203 \$150.01 Single \$80.20 Member & Spouse/Partner \$160.41 Family \$207.73 Parent & Child \$283.70 Member & Spouse/Partner \$567.40 Family \$747.81 Parent & Child \$350.02 Member & Spouse/Partner \$56		\$291.87
Family		• • • •
Parent & Child		
NJ DIRECT15 #150(1) Single		
Single	NJ DIRECT15 #150(1)	
Member & Spouse/Partner \$748,46 Parent & Child \$748,46 Parent & Child \$459,48 \$748,46 Parent & Child \$459,48 \$758,48	l · · · · · · · · · · · · · · · · · · ·	\$288.98
Family		
Parent & Child		
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Parent & Child		
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Family \$188.42		· · · · · · · · · · · · · · · · · · ·

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS NEW JERSEY STATE HEALTH BENEFITS PROGRAM STATE BIWEEKLY ACTIVE GROUP

BIWEEKLY RATES EFFECTIVE 12/28/13 TO 12/26/2014

BIWEEKLY HATES EFFECTIVE 12/28/13 TO 12/26/2014	
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
AETNA FREEDOM2030 #064(3)	
Single	\$266.77
Member & Spouse/Partner	\$533.54
Family Parent & Child	\$690.93 \$424.16
	\$424.10
NJ DIRECT2030 #052(3)	000440
Single Member & Spouse/Partner	\$264.12 \$528.26
Family	\$684.09
Parent & Child	\$419.96
AETNA HMO2030 #062(3)	•
Single	\$263.89
Member & Spouse/Partner	\$527.80
Family	\$683.49
Parent & Child	\$419.59
<u>HORIZON HMO2030 #054(3)</u>	
Single	\$261.26
Member & Spouse/Partner	\$522.52
Family	\$676.66
Parent & Child	\$415.40
PRESCRIPTION DRUG PROGRAM #206	
Single	\$74.03
Member & Spouse/Partner	\$148.06
Family Parent & Child	\$191.76 \$117.72
	\$117.72
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #207	
AETNA FREEDOM2035 #066(4)	
Single	\$229.42
Member & Spouse/Partner Family	\$458.84 \$607.97
Parent & Child	\$378.55
NJ DIRECT2035 #056(4)	ψ07 0.00
No DIFFC 2005 #050(4) Single	\$227.15
Member & Spouse/Partner	\$454.30
Family	\$601.95
Parent & Child	\$374.79
AETNA HMO2035 #065(4)	·
Single	\$226.95
Member & Spouse/Partner	\$453.90
Family	\$601.42
Parent & Child	\$374.47
<u>HORIZON HMO2035 #055(4)</u>	
Single	\$224.68
Member & Spouse/Partner	\$449.36
Family	\$595.41
Parent & Child	\$370.72
PRESCRIPTION DRUG PROGRAM #207	
Single	\$66.63
Member & Spouse/Partner	\$133.27
Family Parent & Child	\$176.58 \$109.94
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	ψ : U3.34
AETNA VALUE HD4000 #092(5)	
Single	\$205.93
Member & Spouse/Partner	\$411.87
Family Parent & Child	\$533.36 \$337.43
Parent & Child	\$327.43
NJ DIRECT HD4000 #090(5)	£100.05
Single Member & Spouse/Partner	\$196.05 \$392.10
Family	\$507.76
Parent & Child	\$311.71
AETNA VALUE HD1500 #093(6)(7)	
Single	\$305.42
Member & Spouse/Partner	\$610.85
Family	\$791.04
Parent & Child	\$485.62
NJ DIRECT HD1500 #091(6)(7)	
Single	\$290.76
Member & Spouse/Partner	\$581.53
Family	\$753.08
Parent & Child	\$462.31

- 1) Subscribers in # 150, #180, #005, and #011 are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan
- 2) Subscribers in #051, #061, #53, and #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052, #062, #54, and #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206
- 4) Subscribers in #066,#056, #055, and #065 are subject to \$20 Primary Care and \$35 specialist office vist copayment
- 5) Subscribers in High Deductible Plans #90 and #92, are subject to \$4,000 In-Network deductible
- 6) Subscribers in High Deductible Plans #91 and #93, are subject to \$1,500 In-Network deductible
- 7) For Subscribers in High Deductible Plans #093 and #091, employer will contribute \$300 annually to Health Savings Account